



2ND ANNUAL SELBYVILLE TRUNK OR TREAT

Saturday, October 22, 2022

10:00 a.m. - 1:00 p.m.

Selbyville VFD Parking Lot

30 N. Main Street

Please select one of the following:

☐ Participant

☐ Vendor (\$25 Fee - Fill out the application on the next page)

☐ Sponsor

Amount (circle one): \$25 \$50 \$75 \$100 Other \$_____

Name:_____

Phone Number:_____

Email:_____

***As a safety precaution, only distribute packaged candy.
No baked goods, fruit, etc.***

Please submit this form to Loryn Hanley by **Friday, October 14th, 2022.**

If you have any questions, please contact Loryn at
lhaley@townofselbyville.org or 302-436-8314 ext. 120.



TOWN OF SELBYVILLE
1 W Church Street, Selbyville, DE 19975
TEL (302) 436-8314
selbyville.delaware.gov

DATE OF APPLICATION _____

VENDOR LICENSE APPLICATION

BUSINESS INFORMATION	
Name of Business: _____	
T/A Business Name: _____	
Business Address: _____	
County: _____	Phone #(s): _____
BUSINESS OWNER INFORMATION	
<u>Sole Proprietor</u>	
Name: _____	Phone #(s): _____
Email: _____	
<u>Partnership</u>	
1. Name: _____	Phone #(s): _____
Email: _____	
2. Name: _____	Phone #(s): _____
Email: _____	
3. Name: _____	Phone #(s): _____
Email: _____	
<u>Corporation</u>	
President: _____	Phone #(s): _____
Email: _____	
Vice President: _____	Phone #(s): _____
Email: _____	
Treasurer: _____	Phone #(s): _____
Email: _____	
Billing Address: _____	
County: _____	Phone #(s): _____

PLACE TO CONDUCT BUSINESS: _____

TYPE OF BUSINESS: _____

****MUST PROVIDE A COPY OF THE CERTIFICATE OF LIABILITY INSURANCE LISTING THE TOWN OF SELBYVILLE AS AN ADDITIONAL INSURED****

YOUR ISSUED LICENSE MUST BE DISPLAYED PROMINENTLY AT YOUR VENDOR BOOTH.

OFFICE USE ONLY

Date Received: _____

FEE: \$25.00

☐ APPROVED Date: _____

Date Paid: _____

☐ DENIED Date: _____

Date Issued: _____

09/27/2022